

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$587.00 for date of service 06/20/01.
- b. The request was received on 03/04/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA(s)
 - c. TWCC 62 forms
 - d. Reimbursement data
 - e. Medical Records
 - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and/or Response to a Request for Dispute Resolution dated 03/12/02
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 04/22/02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 04/24/02. The response from the insurance carrier was received in the Division on 04/29/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor:

“Per Spine Treatment Guideline 131.1001 (T)(i) ESI must be under fluoroscopic control. Please refer to Avisory 97-01.

Fluoroscopic guidance with epiduragram is not global to the injection procedure as billed by the doctor on her professional charges. The injection procedure CPT code *62289 is a starred procedure, which is not subject to the global rules and allows us to bill for the technical portion of the radiology procedure of the ESI. Denied global is incorrect our Technical portion of the ESI is documented in the operative report 'Under intermittent C-arm fluoroscopic guidance' This is required and is medical[sic] necessary."

2. Respondent:

"*Our rationale is supported by the recent Administrative Hearing Decision and Order, docket 453-02-1088.M4. The issue in this case was related to the use of CPT code 76499-27, the same issues as this case for the same provider. The Order rules that the appropriate code to use was 76000 with a MAR reimbursement rate of \$88.00 for the technical component."**

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review 06/20/01.
2. The denial codes listed on the alternate TWCC 62 are "F-REDUCTION ACCORDING TO THE MEDICAL FEE GUIDELINES."
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
06/20/01	76499-27-22	\$350.00	\$88.00	F	DOP	MFG, GI (II)(A&B) & (III), CPT & modifier descriptors, TWCC Advisory 97-01	The carrier has denied the charges in dispute as "F-REDUCTION ACCORDING TO MEDICAL FEE GUIDELINES." Carrier's response is timely and no other EOB's or reaudits were noted. Therefore, the Medical Review Division's decision is rendered based on denial codes submitted to the Provider prior to the date of this dispute being filed. According to the TWCC Advisory: "ESIs must be performed under fluoroscopic control. The CPT descriptor states, "Unlisted diagnostic radiologic procedure." The medical documentation indicates that the provider is billing for fluoroscopic guidance (fluoroscopy). The MFG GI (II)(A) states, "... (TWCC) has incorporated usage of the ... (AMA's) 1995 ... (CPT) codes. The MFG has CPT code 76000 which has the descriptor "Fluoroscopy (separate procedure), up to one hour physician time, other than 71023 or 71034 (eg. cardiac fluoroscopy). The CPT code 76000 is sufficiently descriptive of the procedure performed and should have been used. The MAR value of 76000-27 is \$88.00. The Carrier has reimbursed the CPT code in dispute for the DOS at \$88.00. Therefore, additional reimbursement is not recommended for the dates of service 06/20/01 ."

06/20/01	A4649 A4209			F F	DOP DOP	MFG SGR; (V)	CPT code A4209 and A4649 , are global to the surgical tray. These items were not denied fair and reasonable, but F-According to the fee guidelines. The Rule referenced states: "Sterile trays (which include all supplies, gloves , (emphasis added) utensils, needles , (emphasis added) suture material, etc., needed to perform the procedure)." These are in accordance when billing from a doctor's office. Therefore, reimbursement is not recommended.
06/20/01	76499-27	\$300.00	\$0.00	F	DOP	MFG, GI (II)(A&B) & (III), CPT & modifier descriptors, TWCC Advisory 97-01	The carrier has denied the charges in dispute as "F-REDUCTION ACCORDING TO MEDICAL FEE GUIDELINES." Carrier's response is timely and no other EOB's or reaudits were noted. Therefore, the Medical Review Division's decision is rendered based on denial codes submitted to the Provider prior to the date of this dispute being filed. According to the TWCC Advisory: "ESIs must be performed under fluoroscopic control. The TWCC Advisory 97-01 states, "...When videofluoroscopy or fluoroscopy is performed with a myelogram or discogram, such procedures (emphasis added) are considered part of the service and should not be billed separately. The procedure in dispute is an epiduragram and is a procedure that should not be reimbursed separately. Therefore, no reimbursement is recommended. Therefore, reimbursement is not recommended for the date of service 06/20/01 .
Totals		\$1,115.00	\$88.00				The Requestor is not entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 9th day of July 2002.

Michael Bucklin, LVN
Medical Dispute Resolution Officer
Medical Review Division

MB/mb

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.